

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES
DIVISION OF CHILD MENTAL HEALTH SERVICES**

DIRECTIONS FOR COMPLETING REAPPOINTMENT APPLICATION

General Directions:

The reappointment application form is to be submitted by all licensed clinical staff whose three year credentialing cycle is going to expire and are defined under the Policy on Staff Accountability as requiring reappointment to the DCMHS practitioner panel. The reapplication form must be printed legibly or typed and all applicable sections fully completed and signed. Incomplete reapplications will result in failure to comply with division policy and where applicable division contracts.

A. Identifying Information

Name

This is the full legal name of the applicant requesting initial appointment and as listed on your professional license.

Date of Birth:

List the applicant's Month/Date/Year of birth. This is a required item necessary for conducting primary verification of education and licensure and for accessing the National Practitioners Data Bank.

Discipline:

Check (☒) the box which represents your appointment request.

B. Employment

Work History

Changes in employment and/or significant changes in job function within the agency since your last appointment require the submission of an updated resume.

C. Licensure*

Professional License

Changes in licensure since your last appointment require the submission of a copy of your current Delaware Professional License.

***Note: If you are currently a member of the practitioner panel and are seeking credentialing under a new discipline this constitutes a new appointment and submission of an initial application.**

D. Additional Information If You Are Applying As A Psychiatrist:

State of Delaware DEA Registration

Changes to your State of Delaware DEA Registration since your last appointment require the submission of a copy of your current Delaware Uniform Controlled Substance Registration Certificate.

Federal Drug Enforcement Administration Registration

Changes to your Federal DEA Registration since your last appointment require the submission of a copy of your current Federal Controlled Substance Registration Certificate.

E. Practitioner Checklist

This is a mandatory requirement for reappointment. Check (√) yes or no for each item as it applies to your professional clinical background. For each item checked yes, attach a detailed description of the event, including copies of relevant documentation. Supporting documentation must be sufficient for determining a clear understanding of the nature and outcome of the event.

F. Recommendation Form*

This is a mandatory requirement for reappointment. Two recommendations are required from professional peers who have knowledge of your competence to practice within the scope of your licensure. Individuals submitting recommendations must be licensed and in good standing with their respective regulatory board.

***NOTE:** The applicant is responsible for arranging and assuring that the recommendation forms are sent directly from the reviewer and received by the DCMHS Credentialing Committee at the address listed at the bottom of the recommendation form.

G. Practitioner Statement

This is a mandatory requirement for reappointment. This form is self-explanatory and must be returned, dated and signed by both the applicant and the Agency CEO or designee in management.

H. Credentialing Documents Checklist

Section I.

Reappointment Application Form

Individuals requesting reappointment must submit a completed application for reappointment.

Continuing Education Training Certificates

DCMHS requires individuals to submit evidence of completing 15 hours of child, adolescent, and family specific professional training over a 3 year reappointment period. Trainings sponsored by DCMHS automatically count towards the 15 hour requirement and will be verified through the DCMHS Training Administration Unit. Indicate the total number of hours earned through DCMHS sponsored trainings in the space provided on the Re-Credentialing Documents Checklist under Section I, Copies of Continuing Education Training Certificates, page 5.

Trainings sponsored outside of the division require the submission of continuing education certificates documenting attendance. This is the only form of documentation considered acceptable in meeting this requirement. If it is not clearly evident in the title how the training relates to children and families, a brief description must accompany the training explaining how it complies with this requirement.

Current Malpractice Insurance Coverage

Attach a copy of your current professional liability insurance coverage. This does not apply to DCMHS employees.

Section II.

Delaware Professional License

If applicable, attach a copy of your current and valid Delaware Professional License.

Professional Resume

If applicable, attach a copy of your updated resume, which provides evidence of continuous work history from the receipt of your baccalaureate degree and professional activities in delivering child, adolescent and family behavioral health services.

Delaware Uniform Controlled Substance Registration Certificate

If applicable, attach a copy of your current and valid Delaware Uniform Controlled Substance Registration Certificate.

Federal Controlled Substance Registration Certificate

If applicable, attach a copy of your current and valid Federal Controlled Substance Registration Certificate.

Section III.

Detailed Description/Supporting Documentation

If applicable, attach additional paperwork addressing each item you checked “yes” to on the Practitioner Checklist.

Section IV.

Professional Recommendations

Indicate the two names of your professional references and the dates you requested their recommendations.